

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P.O. BOX 88

JEFFERSON CITY, MISSOURI

September 23, 2004

MEMORANDUM

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS, AND
CHILDREN'S DIVISION STAFF

FROM: FREDERIC M. SIMMENS, DIRECTOR

SUBJECTS: SENATE BILL 1003
CASE REVIEW PROTOCOL

[CHILD WELFARE MANUAL ADDITION: SECTION 4,
CHAPTER 24, MEDICAL/MENTAL HEALTH
PLANNING, 24.4 -- IDENTIFICATION OF CHILDREN IN THE
CUSTODY OF THE CHILDREN'S DIVISION SOLELY FOR
THE PURPOSE OF ACCESSING MENTAL HEALTH SERVICES](#)

The purpose of this memo is to provide staff with a protocol to be used in determining which Children's Division (CD) families involve children who have been placed in our custody due *solely* to a need for mental health services and where no instance of parental abuse, neglect or abandonment exists. The complete provisions of Senate Bill 1003 were outlined previously in memorandum [FSM04-17](#). The provisions of the bill requiring immediate attention are:

- 208.204.2:** Through judicial review or Family Support Team meetings, the Children's Division shall determine which cases involve children in the system due exclusively to a need for mental health services, and identify the cases where no instance of abuse, neglect or abandonment exists.
- 208.204.3:** Within sixty days of a child being identified pursuant to the above, an individualized treatment plan shall be developed by the applicable state agencies responsible for providing or paying for any/all appropriate services – subject to appropriation – and the Department of Social Services shall submit the plan to the appropriate judge of the child for approval. The child may be returned by the judge to the custody of the child's family.

I. Identification of Children in the Custody of the Division Who May Meet the Criteria for SB 1003

On July 13, 2004, Regional Coordinators were provided with a list of youth, totaling 538, organized by region. This list represents youth, who according to our information system, may have been placed in CD custody *solely* for the purpose of accessing mental health services. Based on an initial review of a small sample drawn from the 538 youth it became apparent that these children and their families have multiple and complex issues that do not easily lend themselves to the broad eligibility criteria required under SB1003.

The list was derived from our information system using logic including the following:

- The child was **not** the subject of a parental or guardian probable cause CA/N finding within one year of entering CD custody,
- The conditions documented in the ACTS system at time of removal include **none other** than one or more of the following:
 1. Child's behavior
 2. Child's disability
 3. Alcohol use by child
 4. Drug use by child
 5. Abandonment
 6. Relinquishment.
- The child entered one of **only the following placement types** within the first 90 days of his/her initial placement:
 1. Residential Treatment (RFA)
 2. Mental Health Placement (MMH)
 3. Career Foster Home (CFH)
 4. Behavioral Foster Home (FGB, FHB, RHB).

As there may also exist youth who have been placed in CD custody *solely* for the purpose of accessing mental health service who were not captured in this sweep of our information system it is critical that the SB1003 criteria for a possible return of custody be reviewed for any such child, particularly for those youth who were placed into CD custody absent a probable cause or preponderance of evidence CA/N finding. The guidelines discussed above should be applied and the Division's determination documented in the record.

II. Supervisory Review of Children Who May Meet the Criteria for SB 1003

The above referenced list was provided to field support staff who are to complete a review of the children listed and in particular note the following:

- Are the children in the custody of the division solely because the parents were unable to meet the mental health needs of the child;

- Is the parent verbalizing a desire for child's return to their custody if they could receive the necessary mental health services; and
- Would the child's safety or the safety of others in the home be compromised by such a return of custody?

Should the parent of a child not previously identified as potentially meeting the eligibility criteria contact the CD expressing a belief that their child indeed meets these criteria, CD staff will respond to the request and inform the parent that a FST meeting will be convened within two weeks of their request.

In addition to the children on the list previously provided there may be other children who meet the eligibility criteria for SB1003. Staff should review their caseloads using the above criteria to determine if other children may be appropriate.

III. Convening the Family Support Team

Once the review is completed and the reason for the initial placement is determined to be *solely* due to a need to access clinically indicated mental health services, a Family Support Team (FST) meeting is to be convened by the CD case manager, upon agreement with the child's parents. This FST team meeting should be scheduled and held within 2 weeks in order to begin the planning process. Current policy for FST meetings is to be observed in keeping with the requirements of [Section 4, Chapter 7 of the Child Welfare Manual](#). It is crucial that the child's family be actively involved in the FST and planning process. The case record should clearly document if the family is not yet ready to regain custody.

Additional and crucial FST participants shall include:

- The local representatives of Department of Mental Health (DMH) Administrative Agents and/or DMH Regional Center staff; and
- Representatives of current placement and treatment providers.

If the child has developmental issues that can best be served by MR/DD within DMH, this agency should be actively involved in the planning process. DMH is committed to participating in the FST.

The focus of the FST meeting is to jointly determine if the child's placement in CD custody was due *solely* to a need for mental health services **and** was unrelated to parental abuse, neglect or abandonment.

If consensus is **not** reached by the FST on whether the child meets the eligibility criteria, the child shall be considered as inappropriate for the Senate Bill 1003 protocol. This, however, should not exclude other efforts toward reunification or further steps to obtain clinically indicated services or supports through DMH.

IV. Development of an Individualized Plan to Return the Child to the Custody of the Parent and Request for a Court Hearing

If the FST agrees that the family meets the criteria for SB1003 and the parent desires to have the child returned to his/her custody, an individualized plan shall be developed which outlines all services and supports needed by the child and family and identifies who shall be financially responsible for each.

The child, if appropriate and family shall actively participate in the plan's design. Identified services shall be provided in the least restrictive and most normalized environment. Treatment services and supports shall include but not be limited to those which are home and community based.

This plan shall be submitted to the court within (60) sixty days of the child having been identified through consensus of the FST. The judge may then return custody of the child to the parent.

V. Payment for Services Provided to the Child and Family Once Custody Has Been Returned to the Parent.

A third provision of this bill related to the return of custody to a parent is:

208.204.4: When children are returned to their family's custody and become the service responsibility of the Department of Mental Health, the appropriate monies to provide for the care of each child in each particular situation shall be billed to the Department of Social Services by the Department of Mental Health pursuant to a comprehensive financing plan developed by the two departments.

This comprehensive financing plan remains under development, but a guiding principle in the plan's design is a commitment to assure that the provision of clinically indicated care and treatment for an identified child will not be disrupted due only to a difference in billing mechanisms.

The Division has committed to assuring that the child and family continue to have access to those services that help them meet the needs of the child. If the division was previously paying for these services we will continue to do so. It is not necessary for the child to be returned to the home of the parent for custody to be transferred. For example the division will continue to pay for residential treatment if the child continues to need that service if identified through the individualized treatment plan.

Staff should contact Linda Vaughan (Linda.S.Vaughan@dss.mo.gov), 573-751-8946, for assistance in payment to placement providers for any youth who need continued placement, but is no longer in the Division's Custody. Information system enhancements are forthcoming and will be introduced under a separate cover memorandum.

VI. Documentation of Case Review Efforts and Reporting

We are requesting that staff report on the findings of these reviews so we may further assess the prevalence of youth whose custody has been transferred to the CD *solely* for the purpose of accessing mental health services.

Regional Managers should submit an initial report of the regional findings to Keith Krueger, Unit Manager, (Keith.Krueger@dss.mo.gov) by October 8, 2004. This initial report should identify those youth on the July 13, 2004, listing who meet the SB 1003 criteria, and any additional youth so identified through case record or supervisory review.

Regional Managers should submit a follow-up report to Keith Krueger by November 1, 2004, indicating when the initial FST was held to address the provisions of SB 1003 on each child identified, and what the FST recommendations were. This report should be submitted every two weeks thereafter until the initial FST meeting has been held and recommendations have been made on each identified child.

Should you have additional questions or require further assistance on behalf of these children, please contact Keith Krueger at Keith.Krueger@dss.mo.gov

VII. Ongoing Implementation of SB 1003

For youth who meet SB 1003 criteria and are not otherwise diverted from CD custody, staff should implement the above protocol as quickly as possible to help expedite the youth's return to the custody of his/her parents. The issues relating to the child's placement and the parent's desire to regain custody with appropriate mental health services should be addressed as early as the initial 72-hour FST meeting. The representation of DMH and the current placement and treatment provider(s) should be brought into the FST process as soon as possible to assist in the service planning.

Within sixty days of a child being identified as appropriate for the provisions of SB 1003, an individualized treatment plan shall be developed by the FST and the Children's Division shall submit the plan to the juvenile/family court judge for approval. The child may be returned by the judge to the custody of the child's family.

NECESSARY ACTION:

1. Review this memorandum with all Children's Division Staff.
2. Review Addition to [Child Welfare Manual: Section 4, Chapter 24, Medical/Mental Health Planning, 24.4 -- Identification of Children in the Custody of the Children's Division Solely for the Purpose of Accessing Mental Health Services.](#)
3. All questions should be cleared through normal supervisory channels.

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